


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 24, 2004 8:00 am
Secretary of State

04-22-2004 90075 022 ***150.00

47.

DOCUMENT # P03000072182			
1. Entity Name VIP PROPERTY MANAGEMENT SPECIALISTS, INC.			
Principal Place of Business 3536 NW 73 WAY CORAL SPRINGS FL 33065		Mailing Address 2531 ARAGON BLVD SUNRISE FL 33322	
2. Principal Place of Business <i>2531 Aragon Blvd</i>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Sunrise</i>		City & State	
Zip <i>33322</i>	Country <i>USA</i>	Zip	Country
4. FBI Number <i>04-3765965</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22 ST-4 FLR MIAMI FL 33145		7. Name and Address of New Registered Agent <i>Tracey Schartman</i> Street Address (R.O. Box Number is Not Applicable) <i>2531 Aragon Blvd</i> <i>Sunrise</i> FL Zip <i>33322</i>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. <i>Tracey Schartman</i> SIGNATURE (NOTE: Registered Agent signature required when restoring) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GELLER, ELAINE B 3536 NW 73 WAY CORAL SPRINGS FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Schartman, Tracey</i> <i>2531 Aragon Blvd</i> <i>Sunrise FL 33322</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST GELLER, IRWIN B 3536 NW 73 WAY CORAL SPRINGS FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Tracey Schartman</i> SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/19/04 9817486182 Date Daytime Phone #	

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MOORE CR2E034 (11/03)